

NOTICE TO ALL TAXPAYERS OF THE CITY OF BURLINGTON

Automatic Bank Account Deduction for Tax Payments

This free service offers convenience and reliability. The City of Burlington will issue an electronic withdrawal from either your check or savings account (at any bank in the United States) and apply it to your tax bill. Deductions are made quarterly. For further information, please contact the Burlington Clerk/Treasurer's Office at (802) 865-7154.

You may simply sign up now for this service by completing the bottom of this form and attaching a voided check or deposit slip for savings (if emailing please provide a copy of either). If sending by mail please return this form to the **Burlington Clerk/Treasurer's Office** (three weeks before the next tax due date), **149 Church Street, Burlington, VT 05401, ATTN: Auto Tax Deduct**. If sending by email, please send to esundquist@burlingtonvt.gov.

AUTHORIZATION AND AGREEMENT FOR PREAUTHORIZED PAYMENTS

Name: _____ Phone#: _____

Property Address: _____ ID# _____

I (we) hereby authorize the City of Burlington to initiate a debit entry to my (our) ____ checking (or) ____ savings account (select one) indicate below the depository named below, to debit same to such account.

Name of Bank: _____ Phone #: _____

City: _____ State: _____ Zip: _____

ABA Number*: _____ Account#: _____

*Usually the ABA Number is the first nine digits on the bottom of your check.
You may call your bank or financial institution to verify this number.

NOTE: Payments will be deducted quarterly on the due dates- the 12th of August, November, March & June.

IMPORTANT: PLEASE SEND US A WRITTEN NOTICE IF YOU WISH TO STOP THIS DEDUCTION.

This authority is to remain in force and effect until the City of Burlington and Depository received written notification from me (or either of us) of its termination and in such manner as to afford the City of Burlington and Depository a reasonable opportunity to act on it.

Signature Signature Date: _____

Clerk/Treasurer's Use Only

Date Received: _____ (Stamped Date) Date of First Payment: _____

Date Prenoted: _____ Entered By: _____

Date Rejected: _____

Date 2nd Prenoted: _____ Entered By: _____